CHAPTER 8

IMPLEMENTATION

WHY SHOULD THE *CALIFORNIA MENTAL HEALTH MASTER PLAN* BE UPDATED?

Chapter 1313, Statutes of 1989 (AB 904, Farr) mandated the development of the *California Mental Health Master Plan*. This plan was submitted to the Legislature and the mental health constituency in October 1991. The *Master Plan* contained concepts and recommendations that were lacking in much of the mental health system at the time, including defined priority populations for children and youth, adults, and older adults; an array of services for these populations; recommendations for resource allocation; recommendations for governance and responsibilities of the State and counties; and recommendations for evaluating the effectiveness of service delivery.

The preparation of the *Master Plan* coincided with the realignment legislation (Chapter 89, Statutes of 1991). The system reform elements of realignment, such as client-driven service planning and target populations, were drawn from the *Master Plan*. With the realignment of funding, counties could now rely on a constant funding base from which to plan for the provision of mental health services. This stability has facilitated the implementation of many of the recommendations in the original *Master Plan*.

The California Mental health Planning Council (CMHPC) made updating the *Master Plan* one of its priorities. Although the *Master Plan* had been a visionary blueprint for the public mental health system in the early 1990's, the system was changing rapidly, and many of the original recommendations had been implemented or had become obsolete. The CMHPC believes that the updated *Master Plan* will provide a fresh vision for the mental health system. It provides new recommendations to achieve a more effective mental health system. The CMHPC hopes that the *Master Plan* will continue to be a catalyst for system change that will eventually result in systems of care in all counties for all people who need public mental health services.

Increased Funding Creates a Positive Environment for Implementation

California now is enjoying prosperous times. After years of underfunding since deinstitutionalization in the 1960s, many policymakers are acknowledging the extreme need of the mental health system. In fact, the Honorable John Burton, President Pro Tempore of the Senate, requested no less than $300 million in the state budget for Fiscal Year 2000-01 to fund expansion of the State's mental health services. Policymakers have begun to understand what has happened by neglecting the needs of persons with mental illness for so long: increased burdens on individuals, families, communities, and the criminal justice system.

The Budget for Fiscal Year 2000-01 has provided a $160 million augmentation to the mental health budget. This augmentation represents the biggest single-year increase in mental health spending in California's history. Never before has the Legislature given the mental health system such a high priority for funding. With all of this support, the possibility of additional mental health funding in future years looks promising. In addition, this augmentation and the positive climate for future funding will facilitate implementation of the recommendations contained in this updated *Master Plan*.

Human Resources

One of the issues that has not been discussed in this update is the human resources crisis in the mental health field in California. The CMHPC is already acting on this issue in a separate project. Without the availability of an adequate, well-trained, and diverse workforce, many of the recommendations cannot be implemented. Immediate attention to this problem was necessary so the CMHPC has made it a top priority and has already started a multi-year effort to address the problem.

CHART OF RECOMMENDATIONS

The CMHPC considers the recommendations in the *Master Plan* to be our action plan for advocacy and a blueprint for future actions. The following chart contains a diverse set of recommendations that have been taken from all of the chapters. They are organized in the following manner:

- Location. Each recommendation is listed by the chapter from which it originates.
- Recommendation. Each recommendation is derived from discussion about a particular issue in the chapter from which it originates.

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- Responsible party. This category includes a diverse set of organizations, agencies, and advocacy groups at the state and local levels. The CMHPC will be communicating with the entities that are designated to complete each recommendation.
- Type of activity. The recommendations may require legislative or regulatory action; oversight; training programs at all levels of government; interagency cooperation and collaboration; or data collection for further development of issues.
- Timeframe. The timeframes include "short-term," "long-term," and "ongoing." They were chosen for each recommendation to estimate the time that will be necessary for implementation.

The CMHPC will take responsibility for monitoring the implementation of all the recommendations. In addition, the CMHPC is directly responsible for many of the recommendations. The implementation of many of these recommendations will depend on several variables, including funding and resources.

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California Mental Health Master Plan

Recommendations To Be Implemented

	Location	Recommendation	Responsible Party	Type of Activity	Timeframe
1	**Chapter 2:** Page 6	Commission a new study to determine the proportion of adults with SMI and children with SED who are able to access services in the private sector.	DMH	contract; report	Long-term
2	**Chapter 3:** Page 37	Expand the definition of the population to be served by the children's system of care to include all children and youth who receive services from the primary child-serving agencies, including children who are potentially eligible for those services..	CMHPC	Legislation	Long-term
3	Page 37	Ensure that a uniform screening tool for assessing the needs of children and their families is developed and adopted by all child-serving agencies in the system of care.	CMHPC	Oversight	Long-term
4	Page 37	Appropriate a pool of non-categorical funds for each county system of care to be used flexibly by the child-serving agencies to meet the needs of children and their families.	Legislature	Legislation; budget language	Long-term
5	Page 37	State agencies that oversee child-serving agencies in the counties should apply for waivers to federal agencies so that federal funds can be used to maximum benefit for children and their families.	State; Legislature	waiver application	Long-term
6	Page 37	County government should establish a savings pool for funds that are saved by not placing children in high-cost, restrictive settings so that those funds can be redirected to meet the needs of children and their families.	Counties	budget decision	Long-term
7	Pages 37-38	Advocate for creation of a state-level Children's Council and Children's Council of Statewide Associations. • Determine what steps have already been taken. • Urge Administration to create state-level Children's Council. • Convene a meeting of statewide children's associations to plan for the	CMHPC; CIMH; CMHDA	Legislation or Administrative action	Long-term

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	Location	Recommendation	Responsible Party	Type of Activity	Timeframe
		creation of a Children's Council of Statewide Associations. • Ensure that state regulations, required local advisory group outcome measures, and paperwork requirements are consistent and not duplicative for the child-serving agencies in a county implementing state-mandated programs. • Work with local agencies to eliminate duplicative data gathering for families being services by more than one local agency.			
8	Page 38	Ensure that the Interagency Policy Councils and Interagency Case Management Councils function effectively. • Expand membership of Interagency Policy Council to include a parent of a minor child and a youth representative. • Conduct a study of the existence and functioning of these councils, including whether membership matches statutory mandate; whether parents and youth are represented; and whether the councils function as described in statute.	CMHPC	Legislation Survey; report	Long-term
9	Pages 38-39	Ensure that children, youth, and families are involved in all aspects of planning, delivering, and evaluating services. • Service delivery, including assessment, establishing goals, treatment planning, referrals for ancillary services, evaluation of progress, and transition planning for service termination; supervision of provider staff; and quality assurance reviews. • County system-of-care policy, planning, and evaluation, including parent and youth membership on MHBCs; membership in all county mental health policy, planning, and advisory groups; and membership on boards of directors or advisory boards of all agencies that have contracts to provide county mental health services to children and youth. • Hire parent partners and youth advocates to provide peer support and advocacy to parents and youth receiving services, including hiring youth who have received mental health services to be Youth	State; county	Oversight	Ongoing

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	Location	Recommendation	Responsible Party	Type of Activity	Timeframe
		Advocates/Peer Counselors by county operated programs and community agencies; and hiring as Family Advocates parents or children who are now or have received mental health services by county-operated and community agencies. • State mental health policy, planning, and evaluating services, including having youth up to age 25 who have been in the children's mental health system be represented on all state committees and advisory groups, including the CMHPC.			
10	Page 39	Advocate for expansion of infant mental health pilot programs. • CMHPC assist DMH in disseminating information about the need for infant mental health programs. • If current program proven effective urge the Legislature to appropriate funds for all counties to provide infant mental health programs.	CMHPC; DMH	Legislation	Long-term
11	Page 39	Expand the availability of mental health services for youth in juvenile halls. • Ensure greater coordination between BOC, CYA, and DMH regarding oversight of juvenile halls and provision of mental health services to youth in juvenile halls. • Increase appropriations for all funds that can be used for mental health services for youth in juvenile halls. • Monitor provision of mental health services to youth in juvenile halls to determine access to services is increasing.	State; county State Legislature DMH	Legislation	Long-term
12	Page 39	Increase the identification of substance abuse problems in children and youth • Adopt a screening tool to identify children and youth with substance abuse problems. • Implement an extensive training programs of staff in all child-serving agencies to enhance their ability to identify children and youth with	State; county State State	Training	Ongoing

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	Location	Recommendation	Responsible Party	Type of Activity	Timeframe
		substance abuse problems. • Eliminate disincentives for children and youth to disclose their substance use problems. Assure children and youth that they self-disclosure remains confidential and will not result in negative consequences, such arrest, incarceration, or revocation of probation.	State; Child-serving agencies		
13	Pages 39-40	Develop a service system for transition-age youth in every county. The service system should have the following components: • Transition-age specialist; • Transition-age coordinator; • Transition planning; • Coordination between systems of care for adults and children; • Interagency case conferencing; • A specialized transition program; • Housing services; • Self-help groups and youth centers; • Education; • Vocational services; • Mentoring; and • County-level coalition of stakeholders.	State; county; mental health stakeholders; Child/Youth organizations	Legislation	Long-term
14	Chapter 4 Page 46	County mental health staff, provider organizations, consumers, and family members should be trained in the values and principles of recovery and should actively support recovery processes and the development of mental health services that enhance each consumer's recovery, including the following: • Each client has a reachable recovery potential; • Outcome results reporting on a client's progress are immediately	State County	Training; monitoring	Short-term

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	Location	Recommendation	Responsible Party	Type of Activity	Timeframe
		available at timely intervals; • If clients do not make progress, the client collaborates with his or her provider to make creative changes to the client's individual treatment plan. • No client will be dismissed or considered a failure.			
15	Page 46	Consumer response to the MHSIP Consumer Survey, one of the outcome instruments for the adult system of care, should be monitored to assess the recovery orientation of mental health services.	CMHPC; DMH	Oversight	Ongoing
16	Page 47	The Administration and the Legislature should appropriate additional funds for services for adults.	Legislature; Admin.	Legislation; budget	
17	Page 48	Mental health clinicians should ensure that clients entering the mental health system receive physical exams.	County	Service provision	Ongoing
18	Page 48	Mental health providers should encourage clients to use health care, especially education and prevention services.	County	Consultation; written material	Ongoing
19	Page 49	If proven to be effective, DMH and Alcohol and Drug Programs (ADP) should seek funding to expand integrated treatment programs for clients with dual diagnosis by offering incentives or matching funds to counties that replicate these models.	DMH ADP	Legislation; BCP	Long-term
20	Page 50	DMH should continue its efforts in the statewide expansion and development of new supportive housing grants through state and federal funding	DMH	Legislation; BCP	Long-term
21	Page 50	DMH should encourage housing programs to reduce restrictions that present barriers to women with mental illness.	DMH	Promotion; education	Ongoing
22	Page 51	County mental health departments should train staff in education accommodations and documentation of a disability-related educational limitation; initiate education supports in collaboration with adult, technical, and postsecondary education entities; and expand existing on-campus and off-campus supported education programs.	County Mental Health and Education	Training; education; resources	Ongoing

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	Location	Recommendation	Responsible Party	Type of Activity	Timeframe
23	Page 51	Clients' interest in pursuing adult, postsecondary education, or technical training should be assessed. Clients should be informed of their legal right to accommodations in higher education settings and of the specific accommodations, services, supports, and resources available. Clients should also be informed that postsecondary education institutions are not required to provide services beyond academic accommodations; individual campuses may choose to provide enhanced services, but are not required to do so.	State and County Mental Health and Education	Counseling; education	Ongoing
24	Page 51	County mental health departments should advocate for more funding, training, and education of adult and postsecondary education counselors who are specifically assigned to students with mental disabilities.	Counties	Funding; training; education	Ongoing
25	Page 52	County mental health department should initiate new supported employment programs and expand existing programs for persons with mental disabilities.	County	Administrative	Ongoing
26	Page 52	The DMH/DR Cooperative model should be expanded to every county in California.	DMH; DR	BCP	Ongoing
27	Page 52	DMH and DR should continue to provide staff with cross training about the needs of persons with mental disabilities.	DMH; DR	Training; interagency cooperation	Ongoing
28	Page 53	The CMHPC should facilitate a coordinated advocacy campaign at both the federal and state level to increase income supports for persons with mental illness.	CMHPC	Promotion; legislative	Ongoing
29	Page 53	Providers, clients, and families should be educated about the reporting requirements if a client returns to work while in receipt of SSI or SSDI and the provisions that may be available to extend a client's benefits upon return to work or to reinstate benefits should the client be unable to continue working.	State; county	Promotion; policy letter; brochures	Ongoing
30	Page 54	The State should fully fund programs that prove to be successful in providing outreach, mental health care, and follow-up services, such as the programs established by Chapter 617, Statutes of 1999 (AB 34).	State	Budget; legislation	Ongoing

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	Location	Recommendation	Responsible Party	Type of Activity	Timeframe
31	Page 55	Counties should advocate for all law enforcement officers to attend the POST-accredited 40-hour training course on mental health.	Counties	Promotion	Ongoing
32	Page 55	The DMH and other appropriate state entities should develop and provide grants to counties to implement diversion program pilot projects	State; Counties	Promotion; legislation; training	Ongoing
33	Page 55	Counties should implement the following recommendations to improve the quality of mental health services in their jails: • The local law enforcement agency should routinely screen all incoming detainees for mental illness; • Inmates with mental illness should be consolidated into a dedicated mental health housing unit; • Extensive screening of detainees in jail should be performed to engage the consumer in the jail setting and seamlessly move them into the community; • Additional positions should be provided in jail to enable jail mental health staff to respond to requests for mental health services, provide interventions, and participate more fully in release planning; and • The jail medical formulary should include all of the latest psychotropic medications in order to ensure consistency with what the client is already taking and to ensure compliance.	County; BOC	Funding; training; more positions	Long-term
34	Page 55	If Mentally Ill Offender Crime Reduction (MIOCR) programs are proven effective, the State should fund these projects in any remaining county that does not have a program.	State; Board of Corrections (BOC)	Budget	Long-term
35	Page 56	Court officials should receive training to help identify, understand, and deal with persons with mental illness and with persons who have a mental illness and co-occurring mental illness and substance abuse disorder.	County	Training	Ongoing
36	Page 56	All counties should establish an Interagency Policy Council to include but not be limited to the Mental Health Department, Alcohol and Drug Department, Sheriff's Department, Police Department, Probation	County	Administrative	Long-term

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	Location	Recommendation	Responsible Party	Type of Activity	Timeframe
		Department, Superior Court, District Attorney, Public Defender, Housing Authority, Department of Social Services, Department of Health Services, Parole Department, and the Rehabilitation Department. The duties of this council would be to coordinate discharge planning, provide consistent treatment of mentally ill offenders in jails, and to implement and expand diversion programs.			
37	Page 56	The Legislature and the DMH should implement a campaign to help educate the public about misperception of the relationship between violence and mental illness.	Legislature; DMH	Media	Short-term; ongoing
38	Page 57	The mental health system should provide respite services to family members of persons with mental disabilities.	State; counties	Funding	Ongoing
39	Page 57	The DMH and local mental health programs should provide training and resources to help clients and their families have meaningful involvement in the design and implementation of mental health programs.	DMH; County mental health	Training; education	Ongoing
40	Chapter 5 Page 71	Enact legislation creating a pilot program to implement an older adult system of care that includes an evaluation component, client outcome measures, cost-effectiveness outcome measures, and system outcome measures	State; mental health constituency; Legislature	Legislation	Short-term
41	Page 72	Provide at the state and local levels training and education on the mental health needs of older adults to reduce stigma and increase public awareness.	State; county	Training	Ongoing
42	Page 72	The DMH must work closely with the Department of Health Services to develop a coordinated response to the health needs of older adults. .	DMH; DHS	MOU	Long-term
43	Page 72	Housing should be developed which allows individuals to have a live-in caregiver.	State; County	Legislation; funding	Ongoing
44	Page 72	The State should explore expansion of in-home support services, and home health benefits should be expanded to allow individuals to maintain their own housing when, due to illness or physical disability, the individual requires more assistance.	DMH; DSS; Legislature	Pilot project	Ongoing

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	Location	Recommendation	Responsible Party	Type of Activity	Timeframe
45	Page 76	Make a commitment to involve clients and family members at all levels of policy development by assuring funding for outreach, training, travel, and stipend money.	All mental health stakeholders	Advocacy	Ongoing
46	Page 76	DMH and the MHPs should conduct both state-level and ongoing local-level training for clients and family members in order to cultivate a large pool of qualified clients and family members who understand the issues and can advise and advocate effectively.	State; county	Training	Ongoing
47	Page 76	Encourage efforts to address diversity at all levels of the system and advocate to assure equitable access and services that are culturally appropriate.	All stakeholders	Advocacy; training	Ongoing
48	Page 76-77	Continue to develop easily understood, consumer-friendly documents that are clear about procedures for identification and resolution of complaints and grievances, and information sources at both the State and local levels. Training and education should be provided at all levels of the mental health system so the system is user-friendly.	All stakeholders	Training, promotion, education	Ongoing
49	Page 77	Ensure that ongoing collaboration and communication with primary care physicians occurs.	MHPs	Regulations	Ongoing
50	Page 77	Continue to Find ways to assure that the most efficacious medications to treat mental illness are prescribed to clients regardless of cost.	DMH; DHS	Administrative	Ongoing
51	Page 77	DMH should convene a task force of mental health professionals, actuaries, insurance industry representatives, and managed care providers to determine the assumptions upon which to base the mental health managed care system design and test those assumptions so that a basis for risk can be established to obtain more definite information on costs. This discussion should include how changing populations will change risk factors.	DMH	Administrative	Long-term
52	Chapter 7 Page 82	The following taxonomy should be used in classifying the performance indicators for oversight of the public mental health system: 1. Structure 2. Process	State QIC	Oversight	Short-term

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	Location	Recommendation	Responsible Party	Type of Activity	Timeframe
		• Access • Appropriateness • Cost—effectiveness 3. Outcomes			
53	Page 85-86	Because the performance indicators lack established criterion-related validity, risk adjustment to compensate for differences among counties, and benchmarks for minimum acceptable performance, the data must be used to describe the performance of the current system. System development should focus on the following actions: • Assure that the indicator set has face validity and normative validity; • Generate data for each county from existing data systems for the indicators, which will stimulate productive discussions about their implications related to the quality of the service system; • Use local quality improvement systems to explore the relationships between the indicators and to understand variables that influence quality; and • Encourage scientific studies to establish the criterion-based validity of the indicator set.	State QIC	Policy Implementation Oversight	Long-term
54	Page 86	The CMHPC should assert its authority to approve all performance indicators, not just the outcome indicators.	CMHPC	Legislation	Ongoing
55	Page 86	The CMHPC should continue to consult with DMH on the development and implementation of current initiatives, such as managed care, performance outcome measures, the State Quality Improvement Committee; and the Compliance Advisory Committee.	CMHPC	Oversight	Ongoing
56	Page 86	The CMHPC should monitor DMH oversight activities, including assuring client and family member involvement in oversight activities; reviewing and commenting on various oversight protocols and procedures; and assuring that plans of correction from onsite reviews are followed up on.	CMHPC	Oversight	Ongoing

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	Location	Recommendation	Responsible Party	Type of Activity	Timeframe
57	Page 86	The CMHPC should assist mental health boards and commissions (MHBC) with their oversight responsibilities, including determining how to assure that MHBCs are involved in the local quality improvement system; and determining how to help MHBCs assess the adequacy of local quality improvement systems.	CMHPC; CMHDA; MHBCs; State QIC	Oversight	Ongoing
58	Page 86	The CMHPC should ascertain whether local mental health programs are using available data for quality improvement.	CMHPC	Oversight	Ongoing
59	Page 88	The DMH, CMHPC, and CMHDA need to begin the process of developing risk-adjustment techniques so that the performance of local mental health programs can be compared to the statewide and regional averages.	DMH; CMHPC; CMHDA; State QIC	Oversight	Long-term
60	Page 88	Once the State can reliably adjust the performance indicators for risk, decision rules should be established to identify high and low performers.	State QIC	Oversight	Long-term